

**St. Thomas the Apostle Parish  
Religious Education Registration Form**

**Student(s) Name:**

1. \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

2. \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

3. \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Parent's Name:**

Mother: \_\_\_\_\_ cell phone #: \_\_\_\_\_

Father: \_\_\_\_\_ cell phone #: \_\_\_\_\_

**Family Email Address:** \_\_\_\_\_

**Are you currently registered at St. Thomas Church?      Y      N**

**Payment:**

One child: \$80.00

Family: \$140.00

Cash/check: \_\_\_\_\_

**CLASSES BEGIN ON MONDAY, SEPTEMBER 23rd  
New Hours: 4PM – 5:30PM**